U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	OL FO
	For Official Use Only
	NG15205
	8 27
Ε	QLMS OF

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 00000 \$3 0 \$	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Anthony W Palmisano	Name International Brotherhood of Boilermakers
	Labor Organization File Number 000-074
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 3114 Bear View Ct	Street 753 State Ave Suite 570
City Wentzville	City Kansas City
State Missouri ZIP Code + 4 63385	State Kansas ZIP Code + 4 66101
5. Position in labor organization. International Representative	
and the second of the second o	5 K

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (includi	ng trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
		7.b. Amount.
Street		
City		
State	ZIP Code + 4	

## Signature

15. Signature and verification. The undersigned declares, under penalty of Pe	rjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying	documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section	on on penalties in the instructions.)
$\sim$	

Form LM-30 (2003)

Name of Person Filing Anthony Palmisano		e Number <b>U-</b> 00000
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name Great Lakes Area Boilermakers Apprenticeship  Trade Name, if any: GLABAP  P.O. Box, Bldg., Room No., if any  Street 5666 West 95th Sreet  City Oak Lawn  State Illinois ZIP Code + 4 60453  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Board meeting was hell outlook, better craft	oprenticeship program.A Full ld to discuss future work t trade training,and future as an organization and what
Street City State ZIP Code + 4	board meeting. That	
	12.b. Amount.	\$270
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Mobilization Optimization Stability Training	a. Labor Organization
Trade Name, if any: MOST	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 753 State Ave Suite 800	c. Employer
City Kansas City	
State Kansas ZIP Code + 4 66101	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	MOST is a boilermaker training program.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	October 2004 dinner meeting to discuss drug testing, safety training, and Manpower issues.
	12 b. Amount \$54

Name of Person Filing Anthony Palmisano	File Number U- 00000
---	----------------------

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Great Lakes Area Boilermaker Apprenticeship	a. Labor Organization
Trade Name, if any: GLABAP	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 5666 West 95th Sreet	c. Employer
City Oak Lawn	
State Illinois ZIP Code + 4 60453	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	GLABAP is the area apprenticeship program.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	December 2004 lunch meeting prior to Full Board meeting to discuss future work outlook, better craft trade training, and future hurdles we face as an organization and what steps we must take to overcome.
	12.b. Amount. \$40